

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>June 29, 2005</u>		2 Serial/Patent # <u>10/523115</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/>	Filing			\$								
<input type="checkbox"/>	Amendment			\$								
<input type="checkbox"/>	Extension of Time			\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ <u>50.00</u>								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
<input type="checkbox"/>	No Fee Due (Explanation):											
<u>Credit Card Refund</u>												
<u>Fee Code Correction</u>												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Barbara A. Campbell</u>		TITLE: <u>Paralegal</u>										
SIGNATURE: <u>BAC</u>		Refund PHONE: <u>800 367 2005</u> <u>800 367 2005</u>										
OFFICE: <u>PCT/DO/EO</u>												
***** <u>Refund</u> ***** ***** <u>Card Refund</u> ***** ***** <u>Total</u> ***** ***** <u>\$50.00</u> *****												
THIS SPACE RESERVED FOR FINANCE USE ONLY:												
APPROVED: _____		DATE: <u>Aug Exp.: XXXXXXXXXXXX1006</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: